

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 07890286		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2	/						52				
3		/					53				
4		/					54				
5		2/					55				
6		/					56				
7		8/2					57				
8	/						58				
9	/						59				
10	/						60				
11		/					61				
12	/						62				
13		/					63				
14	/						64				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	0						TOTAL IND.				
TOTAL DEP.	7						TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				